LONG TERM CARE/CHRONIC FACILITY
PRIVATE DAILY ROOM RATE (PDRR) FORM

The Long term Care Facility must complete the PDRR Form for: 1) a new enrollment; 2) a Change of Ownership (CHOW) (new provider ID numbers); or 3) to report changes of the private daily room rate.

The PDRR must:
- Include Genworth survey data corresponding to locale for verification purposes;
- Only include one rate and/or rate listing for each applicable E&E Vendor ID number;
- Reflect the single room median rate of the combined basic care charges and/or basic room criteria types;
- Not include rates for services above basic room and board/care, such as recreational activities or vent care;
- Match the rate provided to the Local Department of Human Services (LDHS) on the DHMH 257 Form; and
- Include the MA Provider ID number for the facility and the E&E Vendor ID for an existing facility.

Please see provider transmittal #29-22 for additional instructions about completing the PDRR Form.

Complete all of the information requested below:

REQUESTOR NAME:

REQUESTOR TITLE: ________________________________

CONTACT EMAIL: __________________________________

FACILITY/PAY TO PROVIDER NAME: ________________________________

COMPANY NAME: ______________________________________

TELEPHONE NUMBER: ________________________________

LTC FACILITY ADMINISTRATOR (PRINT & SIGN) ___________________________ DATE: ____________________

1. REQUEST TYPE (please check only one):
   - Rate Update/Change for Vendor ID
   - New Provider (NEW: For new providers, your E&E Vendor ID will be provided upon receipt of an official request for your patient listing/roster.)

2. LEVEL OF CARE (LOC) DETAILS:

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Daily Room Rate Effective Date (mm/yy)</th>
<th>Daily Room Rate Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled Care (081-SC)</td>
<td>/</td>
<td>$</td>
</tr>
<tr>
<td>Intermediate Care (082-IC)</td>
<td>/</td>
<td>$</td>
</tr>
<tr>
<td>Chronic Care (072-CC)</td>
<td>/</td>
<td>$</td>
</tr>
<tr>
<td>Psychiatric Care (073-PSYC)</td>
<td>/</td>
<td>$</td>
</tr>
</tbody>
</table>

*To ensure the median private daily room rates submitted is correct please attach the confirmed information by use of https://www.genworth.com which we use to confirm/check/compare nursing home median rates.

RESPONSE DETAILS
(MDH OFFICE USE ONLY)

<table>
<thead>
<tr>
<th>Decision Made By:</th>
<th>Decision Date:</th>
<th>MDH/MMIS PROVIDER #:</th>
<th>E&amp;E Vendor #:</th>
<th>Resulting Action (Forwarded/Approved/Denied)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LYSS staff</td>
<td></td>
<td>MA #:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LTCPRU staff</td>
<td></td>
<td>E &amp; E Vendor ID #:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>